## MULTIPLE DEPENDENT CLAIM FEE CALC FEE CALC TION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 10/5 984

FILING DATE

CI	JAI	MS

	AS FILED		AFTER 1 AMENDMENT			AFTER 2"AMENDMENT			AS FILED		AFTER CAMENDMENT		AFTER	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	
$\frac{1}{2}$								51		•		Jul.	LIVD.	DEF
$\frac{2}{3}$								52			Ĺ			
4														<b> </b>
5		1						54 55						
6								56						
7								57						
8								58						
10		<del>- ;-</del> -						59			·			
11		V			17			60 61					1 72	TV.
12								62				Tarana a		
13								63						
14								64 .						
15 16		FEDERAL STATE						65						
17		-						66						
18	-							67 68						
19	•						0	69		<del></del>				
20								.70		-				
21			· .	•				71						
22								72						
24								73 74						
25								75						·
26								76						
27								77						
28 29					$\longrightarrow$			78						
30								79 . 80						
31		-						81						
32								82						
33								83						
34 35								84						
36							•	85						
37								86 87						
38				-				88					<del></del> -	
39								89						*******
40								90						
41 42				··				91		<u>·</u>				
43						·		92 93						
44			1					94			<del></del>			
45 .								95						
46								96						
47 48	<del>.                                    </del>							97						
49	<del>-                                    </del>							98 99						
50								100						
OTAL IND.		4		4		#		TOTALIND.		4		4		4
TOTAL	9	4		4=		+		TOTALDEP		4		40		4
CLAIMS	10							TOTAL CLAIMS		U.S. DEPART				